

4 - 5 - 04  
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

or **Fax** (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 01/05/2004

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**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Patricia Gamble

(Depositor's name)

Patricia Gamble

(Signature)

April 2, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/081,328	02/20/2002	Susumu Matsui	56232.18 [5042]	9796

TITLE OF INVENTION: OPTICAL DEFLECTION DEVICE AND IMAGE FORMING APPARATUS EQUIPPED THEREWITH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/05/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
PHAM, HAI CHI	2861		347-261000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Konica Corporation

Tokyo Japan

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

Publication Fee

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies 2

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 071850 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) (Date) 04/02/04  
Cameron Kerrigan Reg. No. 44,826

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04/06/2004 LWONDIM2 00000019 071850 10081328

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
03 FC:8001	6.00 DA

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Approved for use through 08/30/03. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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APR 02 2004

# TRANSMITTAL FORM

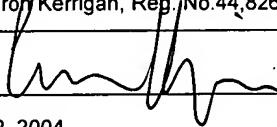
(to be used for all correspondence after initial filing)

		Application Number	10/081,328
		Filing Date	February 20, 2002
		First Named Inventor	Susumu Matsui
		Group Art Unit	2861
		Examiner Name	Hai Chi Pham
Total Number of Pages in This Submission (excluding references)	6	Attorney Docket Number	56232.18

## ENCLOSURES (check all that apply)

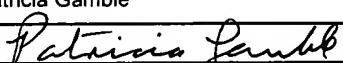
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (month) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and References <input type="checkbox"/> Express Mail Label No. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input checked="" type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron Kerrigan, Reg. No. 44,826	
Signature		
Date	April 2, 2004	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail #EV 337 974 255 US in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 2, 2004

Typed or printed name	Patricia Gamble		
Signature		Date	April 2, 2004

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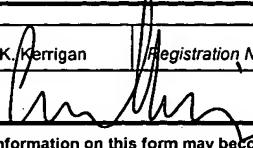
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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)  
**1636.00**

<i>Complete if Known</i>	
Application Number	10/081,328
Filing Date	February 20, 2002
First Named Inventor	Susumu Matsui
Examiner Name	Hai Chi Pham
Art Unit	2861
Attorney Docket No.	56262.18

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:				<b>3. ADDITIONAL FEES</b>			
Deposit Account Number	07-1850			Large Entity	Small Entity		
Deposit Account Name	Squire, Sanders & Dempsey L.L.P.			Fee Code	Fee (\$)	Fee Code	Fee (\$)
				1051	130	2051	65
				1052	50	2052	25
				1053	130	1053	130
				1812	2,520	1812	2,520
				1804	920*	1804	920*
				1805	1,840*	1805	1,840*
				1251	110	2251	55
				1252	420	2252	205
				1253	950	2253	465
				1254	1,480	2254	725
				1255	2,010	2255	985
				1401	330	2401	160
				1402	330	2402	160
				1403	290	2403	140
				1451	1,510	1451	1,510
				1452	110	2452	55
				1453	1,300	2453	650
				1501	1,330	2501	650
				1502	470	2502	235
				1503	630	2503	315
				1460	130	1460	130
				1807	50	1807	50
				1806	180	1806	180
				8021	40	8021	40
				1809	750	2809	375
				1810	750	2810	375
				1801	770	2801	385
				1802	900	1802	900
				Other fee (specify) Publication fee and 2 copies of Letters Patent			
				306.00			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3) (\$ 1636.00)			
**or number previously paid, if greater; For Reissues, see above							
SUBMITTED BY <span style="float: right;">Complete (if applicable)</span>							
Name (Print/Type)	Cameron K. Kerrigan		Registration No. Attorney/Agent)	44,826	Telephone	(415) 954-0200	
Signature				Date	April 2, 2004		

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